

St. Clair County Community Mental Health Authority
Summary Report for Guardianship

Individual: _____

Date of Report: _____ Case #: _____

A. **INDIVIDUAL'S CURRENT MENTAL CONDITION:** (Describe results of cognitive assessments and adaptive behaviors, corresponding diagnostic range and any abilities in this area)

B. **INDIVIDUAL'S CURRENT PHYSICAL CONDITION:** (Include any strengths related to current physical condition)

C. **INDIVIDUAL'S CURRENT SOCIAL CONDITION:** (Describe peer group, capacity to engage in appropriate social interactions and abilities in this area)

D. **INDIVIDUAL'S CURRENT EDUCATIONAL CONDITION:** (Describe results of academic measures, reading skills as they relate to capacity to understand legal contracts and abilities in this area)

E. **SPECIFIC AREAS WHICH WILL REQUIRE INTERVENTION:** (Type and scope of guardianship)

1. ☐ Plenary (Full) -

2. ☐ Partial - covering the following areas:

Medical decisions – general
Elective/non-elective surgeries
Financial matters
Other: _____

Choice of activities
Choice of residence
Informed consent for treatment

F. **RECOMMENDED DURATION OF GUARDIANSHIP:**

G. **INDICATE SOURCES FOR REPORT:**

Case Holder/Clinician Signature & Credentials

Date